



**Regulatory Office:**  
505 Eagleview Blvd.  
Suite 100  
Dept.: Regulatory  
Exton, PA 19341-1120  
800-688-1840

COMPANY PROVIDING COVERAGE:

**Greenwich Insurance Company**

Commercial Excess/Umbrella Liability Certificate Holder  
Declarations

(If coverage listed in the schedule of underlying insurance of this policy applies on a claims-made basis, then this policy shall apply claims-made subject to the retroactive date stated in Item 5 of this declarations page.)

Certificate Number: PPP7447633

This Certificate Forms a Part of Master Policy Number: PPP744000205

Renewal of Certificate Number: PPP7447633

Renewal of Master Policy Number: PPP744000204

1: **Certificate Holder:Gulfstream Villas Owners Assoc. Inc.**

Address: 1771 Gulfstream Avenue Building A

City/State/Zip: Fort Pierce, FL 34949

is:

Individual

Partnership

Corporation

Joint Venture

Other \_\_\_\_\_

2: Certificate Period:

From: 06/08/2018 To: 06/08/2019  
12:01 A.M. standard time at your mailing address shown above.

3: Certificate Premium: \$1667.00

3a: Certificate Premium For Certified Acts of Terrorism: Included In Certificate Premium Above

3b: Surcharge: N/A

4: Limits of Insurance:

(a) Each Occurrence	\$ 15,000,000
(b) Products Completed Work Hazard Aggregate (Where applicable)	\$ 15,000,000
(c) General Aggregate	\$ 15,000,000
(d) Self-Insured Retention or Retained Limit	\$ 0

Occurrence

5: Retroactive Date Where applicable

As per Schedule of Underlying Insurance  
(applicable to **Claims Made** Coverages)



**Regulatory Office:**  
505 Eagleview Blvd.  
Suite 100  
Dept.: Regulatory  
Exton, PA 19341-1120  
800-688-1840

COMPANY PROVIDING COVERAGE:  
**Greenwich Insurance Company**

Commercial Excess Follow Form And Umbrella Liability Policy  
Certificate Holder Schedule Of Underlying Insurance

<b>Effective Date Of This Schedule: 06/08/2018</b>		<b>Attached To And Forming Part Of Certificate Number: PPP7447633</b>	
<b>UNDERLYING INSURER</b>	<b>TYPE OF COVERAGE</b>	<b>LIMITS OF LIABILITY</b>	
a. Name: Philadelphia  Policy Number: PHPK1642662  Term: 06/08/2018 to 06/08/2019	Commercial General Liability <input type="checkbox"/> <b>Claims Made</b> <input checked="" type="checkbox"/> <b>Occurrence</b>		
		\$ 1,000,000	each Occurrence
		\$ 2,000,000	General Aggregate (Other than <b>Products Completed Operations</b> )
		\$ 2,000,000	<b>Products Completed Operations Aggregate</b>
		\$ 1,000,000	<b>Personal and Advertising Injury</b>
b. Name: Philadelphia  Policy Number: PHPK1642662  Term: 06/08/2018 to 06/08/2019	Automobile Liability	\$1,000,000	Combined Single Limit
			HNOA Only
c. Name: PMA  Policy Number: 201701058868  Term: 06/08/2018 to 06/08/2019	Employers' Liability		
		Coverage B – Employers' Liability Bodily Injury by Accident	
		\$ 500,000	each Accident Disease
		Bodily Injury by Disease	
		\$ 500,000	each Policy
d. Name: Travelers  Policy Number: 105954821  Term: 06/08/2018 to 06/08/2019	Directors & Officers Liability <input checked="" type="checkbox"/> <b>Claims Made</b> <input type="checkbox"/> <b>Occurrence</b>		
		\$ 1,000,000	each Occurrence
		\$ 1,000,000	Aggregate
e. Name: Excluded  Policy Number:  Term: to	Stop Gap Employers' Liability		
		Bodily Injury by Accident	
		\$	each Accident Disease
		Bodily Injury by Disease	
		\$	each Policy
		Bodily Injury by Disease	
		\$	each Employee